

Please complete in BLOCK CAPITALS

RESIT APPLICATION

Name:.....

Employer:.....

Course:.....

1. Workshops, Revision Days and Tuition

I would like to re-attend the following session(s)* (please select as appropriate):

	Date	Centre
<input type="checkbox"/> Workshop 1		
<input type="checkbox"/> Workshop 2		
<input type="checkbox"/> Workshop 3		
<input type="checkbox"/> Revision or Computation Day		
<input type="checkbox"/> Face-to-face tuition		

Please ensure that CLT International are informed of any dietary requirements for attendance at workshops/tuition

2. Assessment

I would like to resit the following assessment (please select as appropriate):

	Date	Centre
<input type="checkbox"/> Assignment		
<input type="checkbox"/> Examination		

- Resit applications must be submitted a minimum of 6 weeks prior to the exam date
- There will be a **new** assignment title published for each intake
- ***If you have any special requirements which need to be accommodated in an examination, please ensure you apply for these***
- All fees can be found on the Terms and Conditions of Enrolment, and all dates can be found on the course pages of the CLT International website. Please visit www.cltint.com

3. Payment of Relevant Fees (Please note that payment must be made with your application. Applications will **not be processed without payment**)

Please tick the appropriate box:

Employer funding

Self-funding

Please provide your postal address for invoicing:.....
.....
.....

Payment Method:

Cheque/bankers draft

- All check payment to be made payable to Wilmington Shared Services Ltd.

Credit/Debit Card (Visa/MasterCard) (delete as appropriate)

Name on Card:
Credit Card No:
Security Code:
Card Type:
Issuing Bank:
Card Expiry Date:
Payment Amount: £

Signature of Card Holder: _____

Electronic Bank Transfer

- Please supply a remittance advice with payments quoting the invoice number (if known) or your candidate ID number as a reference.

Account Name: Wilmington Shared Services Ltd
Receipts Bank: Barclays Bank PLC
Sort Code: 202062
Account No: 63867870

4. Authorisation

Signature of applicant:..... Date:.....

Signature of employer (if funding):..... Date:

On completion of this form please return to:

CLT International Ltd, Wrens Court, 52/54 Victoria Road, Sutton Coldfield, Birmingham, B72 1SX, ENGLAND
Tel: +44 (0)121 362 7733 Fax: +44 (0)121 362 7510 Email: cltinternational@centlaw.com